
Risk Adjustment for EDS & RAPS Webinar

Q&A Documentation

June 23, 2016
11:00 a.m. – 12:00 p.m.

EDS Duplicate Logic

Q1. Will CMS consider validation of diagnosis codes for the EDS duplicate logic?

A1. At this time, CMS does not intend to include validation of diagnosis codes in the EDS duplicate logic.

Q2. Will CMS consider Institutional procedure codes for risk filtering if the encounter or service line was rejected as a duplicate?

A2. CMS will not consider procedure codes for risk filtering that are populated on a rejected encounter data record (EDR) or rejected service line.

Q3. Why would encounters containing the same revenue and procedure codes, but a different National Drug Code (NDC), produce a duplicate edit?

A3. NDCs are not validated as part of the EDS duplicate logic. Currently, the following values are the set of data fields used for matching an encounter in the EODS:

- Health Insurance Claim Number (HICN)
- Date of Service (DOS)
- Place of Service (POS) – Professional Only
- Type of Bill (TOB) – Institutional only
- Type of Service – *not submitted on the 837-P but is derived from data captured*
- Procedure Code(s) and up to 4 modifiers
- Revenue Codes – Institutional only
- Rendering Provider NPI
- Charge (Billed Amount)
- Paid Amount (as populated at both the Header and Detail Levels)

Q4. Will an encounter be denied if the DOS, Provider, and revenue code are the same as a subsequent encounter with a different procedure code?

A4. As procedure codes are included in the list of data elements for duplicate validation, a subsequent encounter with the same DOS, Provider, and Revenue Code, with a different procedure code will not reject as a duplicate encounter. However, if the subsequent encounter data record with a different procedure code is indeed for the same service that was provided in the previously submitted EDR, then the MAO should submit a replacement EDR with all relevant procedure codes included.

Similar questions are not listed separately, but combined and published as one question with one answer.

Reports

Q5. Will the Monthly Membership Report (MMR) provide the Risk Adjustment Processing System (RAPS) and EDS risk scores for payment year (PY) 2016?

A5. The MMR will reflect the risk score used in payment, which will be the blended risk score, summing 90% of the RAPS-based risk score and 10% of the encounter data-based risk score. The Model Output Report will provide the separate sets of HCCs from each risk score.

Q6. What is the distribution frequency of the MAO-004 report?

A6. CMS generates MAO-004 reports for those months in which the organization submits encounters for a contract. Organizations can expect to receive MAO-004 reports for data submitted in the present month on the 22nd of the following month. If your organization did not receive an MAO-004 report for a month, make sure that data was submitted for the month in question.

CMS distributes MAO-004 reports at the contract level for each submission month via MARx. CMS sends MAO-004 reports for dates of services 2014 and after.

Q7. Does the MAO-004 report include all diagnosis codes submitted on the encounters, or only the risk eligible diagnosis codes?

A7. The MAO-004 report only includes risk adjustment eligible diagnoses.

Q8. Will CMS publish a list of the identified MAO-004 report issues?

A8. The following issues may improperly exclude risk adjustment eligible diagnoses on accepted encounters from MAO-004 reports:

- 1) Certain diagnoses in the header – for example, Admitting and Patient reason for visit diagnosis codes – are excluded.
- 2) Due to an operational issue with the allowable Healthcare Common Procedure Coding System (HCPCS) list, diagnoses associated with some HCPCS were excluded in the reporting.
- 3) MAO-004 reports for linked chart review records included diagnoses from the chart review, but not from the encounter. Further, linked chart review records that were deleting diagnoses were not treated as deletions; the chart review was read as adding diagnoses and diagnoses from the encounter itself were not recognized.
- 4) CMS will re-issue corrected MAO-004 reports in fall 2016. If the missing diagnoses are not found after the MAO-004 reports are re-issued, please send a follow-up inquiry to the encounter data mailbox (encounterdata@cms.hhs.gov) with the Internal Control Number(s) (ICNs) of the affected record(s).

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Voids, Replacements, and Submissions for EDS

Q9. Are MAOs required to void all encounters that have received reject errors on the submitter's MAO-002 report?

A9. If the encounter was rejected at the header level, MAOs are not required to void the encounter and may submit a new encounter with the correct information.

If the encounter contained one or more service line level reject errors, the MAO may 1) void the entire encounter (Loop 2300 CLM05-3=8) and submit a new encounter with the correct data, or 2) submit a replacement encounter (Loop 2300 CLM05-3=7) and reference the ICN listed in the MAO-002 report to correct the line level errors.

If the MAO elects to submit a replacement EDR, then it should be noted that ALL lines, including previously accepted ones should be included on the replacement EDR. Otherwise, the previously accepted lines will be de-activated when the replacement record is submitted.

For more information on successful submission of replacement EDRs, please refer to slides 19 & 20 of the presentation posted on the CSSC website under Medicare Encounter Data>User Groups>Encounter Data User Group – June 23, 2016

For more information on successful submission of void EDRs, please refer to slides 21 & 22 of the presentation posted on the CSSC website under Medicare Encounter Data>User Groups>Encounter Data User Group – June 23, 2016.

Q10. If DME encounters were submitted and accepted as professional encounters, with payer ID 80882, does an MAO need to void the encounter and submit a new encounter using the DME payer ID of 80887?

A10. Yes, MAOs should void any DME supplier encounters erroneously submitted with an incorrect payer ID and submit new encounters using the DME supplier payer ID of 80887 to ensure the EDS accurately processes the encounter as DME.

Q11. Can MAOs resubmit encounters that were rejected with error code 02256 "Beneficiary Not Part C Eligible for DOS?"

A11. Yes. MAOs will need to ensure the beneficiary is Part C eligible for the DOS reported prior to resubmission. Please refer to slides 26 & 27 of the presentation posted on the CSSC website under Medicare Encounter Data>User Groups>Encounter Data User Group – June 23, 2016

Q12. Is there a limit to the number of chart review encounter records that an MAO can link to a single original encounter?

A12. No, there is not a limit to the number of chart review encounter records that can be linked to an encounter data record.

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Q13. How can MAOs submit additional diagnoses after submitting an initial encounter?

A13. Additional diagnosis codes may be submitted after an encounter data record has been submitted by (1) submitting a chart review record – either linked to the encounter data record or unlinked -- or (2) replacing the encounter data record and including the additional diagnoses on the replacement.

Q14. Can a submitter use the claim control number (CCN) submitted in an original encounter when submitting a replacement encounter?

A14. The replacement encounter will be assigned its own unique ICN upon acceptance into the front-end processing system; however, a replacement encounter MUST contain the ICN of the previously accepted encounter, which is reported on the MAO-002 Report. The ICN of the previously accepted encounter should be populated in the 2300 REF Loop in REF02 (see Companion Guides for more information).

Q15. When submitting a chart review record to include diagnosis codes for a previously adjusted encounter data record (replacement), should the chart review record be linked to the ICN of the original encounter data record or the replacement encounter?

A15. A linked chart review encounter should be linked to the most recently accepted encounter data record. Because the submission of a replacement encounter actually replaces the previous encounter, a linked chart review record should link to the ICN of the replacement encounter data record.

General

Q16. If a beneficiary receives a new HICN, should the submitted HICN align with the dates of service (DOS) or the current HICN?

A16. MAOs must use the HICN that was active as of the DOS for the encounter, regardless of when the encounter data record is submitted. The EDPS will validate the beneficiary's demographic data (HICN, Last Name, and First Name) according to the Medicare Beneficiary Database (MBD).

Q17. How are beneficiary date of birth (DOB) and gender validated?

A17. The beneficiary's DOB is validated using the Medicare Beneficiary Database (MBD) and the Medicare Advantage and Part D Inquiry System (MARx).

Q18. Will there be a webinar specific to the EDPS chart review process?

A18. CMS plans to communicate submission guidance for EDS chart review records in a future Risk Adjustment for EDS & RAPS outreach event.

Q19. Is the payer ID used as a CMS identifier or for the MAOs internal use?

A19. The payer ID is used by the EDPS to identify and process the services on each encounter according to the rules and requirements for each encounter type.

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Q20. Does the current overpayment guidance pertain to encounter data?

A20. Yes, the current overpayment guidance is applicable to both the RAPS and EDS. Please note overpayments may result from the submission of encounter data starting with 2014 dates of service.

Q21. Where can MAOs and other entities access the EDS Companion Guides?

A21. MAOs can access the latest versions of the EDS Companion Guides on the CSSC Operations website at:

<http://www.csscooperations.com/internet/cssc3.nsf/docsCat/CSSC~CSSC%20Operations~Medicare%20Encounter%20Data~Companion%20Guides?open&expand=1&navmenu=Medicare^Encounter^Data>.

Q22. When is the next Risk Adjustment for EDS & RAPS Webinar scheduled?

A22. After the July Webinar, CMS will conduct the next Risk Adjustment for EDS & RAPS Webinar on Thursday, August 25, 2016.

Q23. If the limit of adjustments to an encounter is exceeded, will the encounter data be omitted from the Risk Adjustment calculation?

A23. Currently, the EDS does not limit the number of times a submitter can adjust an encounter.

Q24. Do MAOs have access to the Medicare Beneficiary Database (MBD)?

A24. Submitters cannot directly access the Medicare Beneficiary Database (MBD). However, the data in the MBD is used in the EDS, MARx, and the MMRs. Further, MAOs can look up data that is populated with data from the MBD in the MARx UI.